L190000008921

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



100339235401

2020 JAN 21 AM 7: 35

O SIMMONS FEB 1 7 2020

COVER LETTER

TO:		stration Section sion of Corporations				
SUBJI	FCT.	DIAMOND PAVERS AND REPAIRS LLC				
()()	1.01.	Name of Limited Liability Company				
Dear S	Sir or N	Madam:				
The en	rclosec	l Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.		
Please	returr	all correspondence concerni-	ng this matter to the	following:		
EDUA	RDO I	PACHECO				
		Name of Person		<u> </u>		
DIAM	OND F	PAVERS AND REPAIRS LLC				
	_	Firm/Company	-	<u> </u>		
306 W	EST C	ORNELIUS CIRCLE				
		Address				
SARA	SOTA.	.FL 34232				
		City/State and Zip Co	ode			
DUDU	IZAOU	JSA@GMAIL.COM				
	i-mail	address: (to be used for futur	e annual report notif	īcation)		
For fu	rther i	nformation concerning this m	atter, please call:			
EDUA	RDO I	[†] РАСНЕСО	941 at (237-6235		
		Name of Person		Area Code & Daytime Telephone Number		
	Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enc	losed is a check for the follo	wing amount:			
	\$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: DIAMOND PAV	ERS AND RE	PAIRS LLC
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	306 WEST CORNELIUS CIRCLE	30	6 WEST CORNELIUS CIRCLE
	SARASOTA, FL 34232	SA	RASOTA, FL 34232
	JANUARY 07, 2019	L19	OOXXXXXX
3.	Date of filing/registration in Florida	- 4.	Document number
5. (a))		
` .	Registered Agent and Registered Office shown on the records of EDUARDO F PACHECO	the Florida Dep	
	Registered Office Address (MUST BE FLORIDA STREET) 621 MELODY CIRCLE	ADDRESS)	2020 JAN 2
	SARASOTA	34237	in:27
(b)	Enter name of NEW Registered Agent and/or NEW Registered EDUARDO F PACHECO	d Office address	7:35 20:53 2
	NEW Registered Office Address:	<u> </u>	 -
	306 WEST CORNELIUS CIRCLE		
	SARASOTA, F	L 34232	
chang agent was/w the art	limited liability company is not organized under the lace or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member or authorized registered agent and age is one of all statutes relative to the proper and complete digations of my position as registered agent as provide refer to change in the registered office address. It is viriting of this clamar.	e registered of iability compa of the limited liabil EDUAR	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. DO F PACHECO Printed or typed name of signce this capacity. I further agree to comply with the